

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.

10599989

Filing Date

Applicant(s)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		1				
5		4				
6	1		1			
7		1				
8		2				
9		1				
10	1		1			
11		1				
12		1				
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50						
TOTAL IND.		3				
TOTAL DEP.		11				
TOTAL CLAIMS		14				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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